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BIBDATASHEET

CONFIRMATION NO. 2980

Bib Data Sheet

SERIAL NUMBER	FILING OR 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
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RULE				

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**** CONTINUING DATA *******

This application is a CON of 10/378,781 03/04/2003 PAT 6,716,991
 which is a CON of 10/274,679 10/21/2002 PAT 6,586,603
 which is a CON of 10/125,325 04/17/2002 PAT 6,492,411
 which is a CON of 09/609,011 05/30/2000 PAT 6,413,960
 which is a CON of 09/449,076 11/24/1999 PAT 6,156,781
 which is a CON of 08/957,345 10/24/1997 ABN
 which is a CON of 08/648,113 09/06/1996 PAT 5,760,068
 which is a CON of PCT/US94/12720 11/14/1994 *
 which is a CON of 08/223,629 04/06/1994 PAT 5,521,207
 which is a CIP of 08/160,594 11/30/1993 PAT 5,466,823
 (*)Data provided by applicant is not consistent with PTO records.

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED****** 02/05/2004**

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	MO	0	104	4
Verified and Acknowledged	Examiner's Signature	Initials			

ADDRESS

26648

TITLE

SUBSTITUTED PYRAZOLYL BENZENESULFONAMIDES FOR THE TREATMENT OF INFLAMMATION

<p>FILING FEE RECEIVED 1629</p>	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<table border="1"> <tr> <td><input type="checkbox"/> All Fees</td> </tr> <tr> <td><input type="checkbox"/> 1.16 Fees (Filing)</td> </tr> <tr> <td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td> </tr> <tr> <td><input type="checkbox"/> 1.18 Fees (Issue)</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td><input type="checkbox"/> Credit</td> </tr> </table>	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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